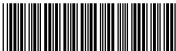


|                                                                                                                 |                                            |                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------|
| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10553378 | <b>Applicant(s)/Patent Under Reexamination</b><br>KOJIMA, HIDEKAZU |
|                                                                                                                 | <b>Examiner</b><br>MY-CHAU T TRAN          | <b>Art Unit</b><br>2629                                            |

| ORIGINAL           |                                   |          |    |    |     | INTERNATIONAL CLASSIFICATION |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|--------------------|-----------------------------------|----------|----|----|-----|------------------------------|---|---|---|---------------------|-------------|--|--|--|---|---|---|---|---------------------|--|
| CLASS              |                                   | SUBCLASS |    |    |     | CLAIMED                      |   |   |   |                     | NON-CLAIMED |  |  |  |   |   |   |   |                     |  |
| 345                |                                   | 211      |    |    |     | G                            | 0 | 9 | G | 5 / 00 (2006.01.01) |             |  |  |  | G | 0 | 9 | G | 3 / 36 (2006.01.01) |  |
| CROSS REFERENCE(S) |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
| 345                | 87                                | 90       | 95 | 98 | 212 |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
| 345                | 213                               |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
| 323                | 369                               |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |
|                    |                                   |          |    |    |     |                              |   |   |   |                     |             |  |  |  |   |   |   |   |                     |  |

|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| <input checked="" type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| Final                                                                                                                                                                                        | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1                                                                                                                                                                                            | 1        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 2                                                                                                                                                                                            | 2        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 3                                                                                                                                                                                            | 3        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 4                                                                                                                                                                                            | 4        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 5                                                                                                                                                                                            | 5        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 6                                                                                                                                                                                            | 6        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 7                                                                                                                                                                                            | 7        |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|                                                                                                                                                                                              |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

|                                                    |  |                              |                     |
|----------------------------------------------------|--|------------------------------|---------------------|
| NONE                                               |  | <b>Total Claims Allowed:</b> |                     |
| (Assistant Examiner)                               |  | 7                            |                     |
| /MY-CHAU T TRAN/<br>Primary Examiner Art Unit 2629 |  | 09/13/2008                   | O.G. Print Claim(s) |
| (Primary Examiner)                                 |  | (Date)                       | O.G. Print Figure   |
|                                                    |  | 1                            | 2                   |